

INDIANA MATERNAL AND CHILD HEALTH TITLE V BLOCK GRANT

Indiana State Department of Health Title V – Maternal and Child Health Block Grant FY 2006 Application/FY 2004 Report Executive Summary

Purpose

Title V Maternal and Child Health (MCH) Block Grant funds are to be used to improve the health status of women, infants, children and adolescents in the State of Indiana. While MCH programs are available to all women, infants and children and many programs are available to families with children, emphasis is placed on women of childbearing age, low-income populations and those who do not have access to health care.

Mission

The mission statement of the Indiana State Department of Health (ISDH) is to “promote, protect, and provide for the public health of people in Indiana”. The ISDH vision statement affirms that “the Indiana State Department of Health is committed to facilitation of efforts that will enhance the health of people in Indiana. To achieve a healthier Indiana, the ISDH will actively work to:

- Promote integration of public health and health care policy;
- Strengthen partnerships with local health departments;
- Collaborate with hospital, provider, governmental agencies, business, insurance, industry, and other health care entities;
- Support locally-based responsibility for the health of the community.

The ISDH’s vision for the future is one in which health is viewed as more than the delivery of health care and public health services. This broader public health view also includes strengthening the social, economic, cultural, and spiritual fabric of communities in our state.

State Summary Profile

Indiana’s FY 2005 Title V Block Grant allocation is estimated at \$12,265,926. Federal law mandates that at least 30% of the grant be spent on preventative and primary care services for children and at least 30% of the grant be spent on services for children with special health care needs.

The Indiana State Department of Health administers the Title V grant through Maternal and Children’s Special Health Care Services (MCSHC), a division of the Community Health Development Services Commission (CHCSC). MCSHC administered programs include: Prenatal Substance Use Prevention Program, Indiana Perinatal Network, SIDS, Preventive and Primary Child Health Care, Indiana RESPECT (Reducing Early Sex and Pregnancy by Educating Children and Teens), Indiana Child Care Health Consultant Program, Family Care Coordination, Prenatal Care Services, Prenatal Care Coordination, Adolescent Health Centers, Family Planning Services, and the Genetic Diseases Program. MCSHC also administers Children’s Special Health Care Services (CSHCS), the state program for children with special health care needs. Other programs administered within the Commission include: Indiana

Childhood Lead Poisoning Prevention Program, Immunization, Injury Prevention, Oral Health, WIC, Universal Newborn Hearing Screening, Newborn Metabolic Screening, and the Sickle Cell Program.

During FY '04, MCSHCS used the Title V grant to fund 11 family planning projects, 5 genetics centers, 13 infant health projects, 13 prenatal care clinics, 15 child health projects, 5 school-based adolescent health grantees, 1 high risk infant follow-up program, 23 prenatal care coordination programs, 13 family care coordination programs, and a broad variety of special projects.

Significant Accomplishments

FY'04 Accomplishments

- MCSHC followed up on all screening results until they were complete and negative or confirmed positive and receiving treatment.
- MCSHC provided 15 in-service trainings to Public Health Nurses and eight hospitals.
- Parents assisted in the preparation and review of the priorities and performance measures found in the ISDH MCSHC Title V Block Grant.
- Indiana Hemophilia and Thrombosis Center provided outreach and direct services for care coordination, referrals, and dental coverage to the Amish community through grants from MCSHC.
- Indiana Parent Information Network (IPIN) and Riley Hospital provided training to new pediatric residents, parents, providers and others linked to parent-advisory groups using ISDH Children with Special Health Care Services (CSHCS) funds.
- Practitioners were identified who care for children with special health care needs (CSHCN) in the CSHCS program.
- Professional training for newly contracted doctors was provided through a four-part video to physicians and their staff who provide primary care services to CSHCN.
- The CSHCS program implemented the new Agency Claims and Administrative Processing System (ACAPS). The system was designed to better capture private insurance that the participants are covered under. In addition there is an electronic file match with Indiana Medicaid, this file match loads information about the participant's Medicaid coverage. All of this information allows program staff to deal more effectively and efficiently with participants and/or their families to access coverage.
- CSHCS hired 14 new clerical assistants to process claims, enter new program applications in the system and to annually re-evaluate program participants for a more stable workforce and decreased staff turnover.
- ISDH awarded \$1,450,989 to 15 community based projects for sickle cell education and dietary supplement and follow-up, congenital hypothyroidism, and inborn errors of metabolism and dietary supplement.
- The CSHCS web page includes age specific and appropriate information for parents and participants to access including appropriate links to groups like the Indiana Parent Information Network, ISDH Family Helpline, Hoosier Healthwise, Child Care Answers, Supplemental Security Income (Social Security Disability), Vocational Rehabilitative

Services, IN*Source (Parent Information), and the Indiana Comprehensive Health Insurance Association.

- The State Adolescent Health Coordinator (SAHC) initiated the process of implementing a new statewide abstinence and pregnancy prevention media campaign. MZD (Montgomery, Zukerman, and Davis) was selected by RFP.
- The Spanish language outreach media campaign targeting Latino parents (2003) had significant acceptance and success based on the research following the campaign. Therefore, the campaign was reinstated May-July of 2004. the campaign included the addition of television spots, which were available on a Spanish station in Indianapolis.
- Indiana Department of Education (IDOE) received CDC funds for a Coordinated School Health program. ISDH received funding from IDOE to hire a project director to begin intra-agency and interagency collaboration among other activities. The expected outcome of this effort is to help schools reduce priority health risks among youth, especially those risks that contribute to chronic diseases.
- In May 2004, the Indiana State Department of Health's Oral Health Division received a Quality Achievement Award at the National Oral Health Convention in Los Angeles, California from the Centers for Disease Control and Prevention. The award, presented to only two other states, was in recognition of Indiana's high rate of maintaining optimal fluoridation in its water systems. Indiana currently has more than 260 water systems that fluoridate. Indiana was also recognized for having at least 50 years of fluoridation programs. Indiana began its program in 1950 in Ft. Wayne.
- Since SEAL Indiana (a collaborative effort between the Indiana University School of Dentistry and ISDH) began in March 2003, over 10,000 dental sealants have been placed in children attending Title I and Head Start schools.
- CDC's National Center for Injury Prevention and Control (NCIPC) provided ISDH with grant funding for injury prevention efforts (2002 – 2005). An Injury Epidemiologist is completing an epidemiological analysis of the 202 hospital discharge database related to injuries.
- The Injury Prevention Program is a collaborator in the Crash Outcome Data Evaluation System (CODES), a new National Highway Traffic Safety Administration project for Indiana.
- The Indiana WIC program requested and received \$849,935, using FY 2003 WIC food funds from USDA/FNS, to purchase and rent electric and manual breast pumps for WIC breastfeeding mothers. The pumps were delivered to local WIC agencies in second six months of 2003 for distribution to WIC participants during 2003 and 2004. this grant addresses a much-requested need especially by working mothers and those with mother-infant separation issues.
- Nationally WIC is promoting establishment or enhancement of peer counselor programs. Indiana WIC has had a successful program for over ten years. Plans to expand this program were made.
- WIC and the ISDH Office of Minority Health initiated a Fathers Support Breastfeeding Campaign.
- MCSHC contracted with a statewide Audiology Consultant to be in-house to monitor all babies who need referral, further diagnostics and early intervention through the CDC Early Hearing Detection and Intervention (EHDI) grant.

- MCSHC designed and implemented automatic letter generation for babies not receiving newborn hearing screening, those who did not pass the hearing screening and those classified as at-risk for delayed onset of hearing loss.
- MCSHC collaborated with Indiana University (IU) lab to develop procedures that include newborn hearing screening data on blood spot cards.
- The MCHB funded project, the Indiana Early Childhood Comprehensive System Program includes the Access to Health Insurance and Medical Homes subcommittee of parents, pediatricians, public health program staff and others who are providing information to the Core Partner Steering Committee regarding existing needs assessments and other pertinent information.
- MCSHC worked with local minority health coalitions in Lake County to provide prenatal care coordination and baby showers to outreach to high-risk women.
- MCHSC funded prenatal projects completed infant mortality, low birthweight reports on incidents that occurred at their clinic to identify causes and make necessary programmatic changes to prevent further incidences. Examples include adding extra nutritionist visits for adolescents not gaining enough weight, revision of treatment of UTI protocol to include retesting even if asymptomatic, and adding new questions about substance abuse to initial visit form.
- The Baby First Digital Toolkit was completed in collaboration with the School of Informatics, a graduate-level department of Indiana University Purdue University Indianapolis (IUPUI). The toolkit will be used to promote and implement Baby First in all regions of the state.
- The Baby First Right From the Start consumer video was revised to include periodontal health, breastfeeding, bacterial vaginosis, fatherhood and other new evidenced based perinatal practices.
- The Indiana Suicide Prevention Coalition, partly funded by MCHSC, developed and began promoting a state Suicide Prevention Plan.
- MCSHC funded a Hispanic prenatal care coordination team, “Promotores de Salud” in East Chicago in Lake County.
- MCSHC worked with the Office of Medicaid Policy and Planning (OMPP) and three Medicaid Managed Care Organizations (MCOs) to revise and publish the Prenatal Risk Assessment Tool that includes psycho-social determinants, develop guidelines for contracting with local prenatal care coordinators and developed new forms to meet the data requirements of the MCOs.
- A Mini-PRAMS survey was begun in LaPorte County. MCSHC provided materials and technical assistance to Allen County to implement the survey.
- Indiana Access completed 493 pediatric surveys at four community health centers in Marion County and 523 prenatal/postpartum surveys at two Marion County hospitals targeting minority women on Medicaid.
- MCSHC developed a Memorandum of Understanding with OMPP that now includes for the first time routine and timely access to Medicaid data.
- MCSHC began implementing the lead surveillance part of the Operational Data Store (ODS) development as well as data marts for the Indiana Birth Defects & Problems Registry (IBDPR) and newborn screening (NBS). Refinement of data from NBS labs, hospital discharges, and Vital Statistics for future integration into the ODS was begun.

- ISDH and the Indiana Department of Environmental Management (IDEM) formed the Indiana Joint Asthma Coalition (InJAC). InJAC has five working groups: Data & Surveillance, Children & Youth, Public Education, Environmental Quality, and Health Care Providers.
- A draft Asthma State Plan was produced by September 2004.
- The ISDH Prenatal Substance Use Prevention Program (PSUPP) identified 3,561 high-risk, chemically dependent pregnant women and provided them education on the possible hazards of using alcohol, tobacco and other drugs during pregnancy.
- The Office of Minority Health (OMH) executed and developed a program that contained the initiation and retention of African American mothers to breastfeed their infants through the first six months of life. The “Grandmothers’ Tea.. Would You Like Milk With Tea?” was replicated in 2004 in three cities in the state: Indianapolis, Lafayette (one in English and one in Spanish) and South Bend.
- As one of five states chosen to participate in the Association of Maternal and Child Health Programs (AMCHP) Action Learning Lab (ALL) on Reducing Perinatal Disparities, the Indiana ALL State Team created and action plan to reduce African American preinatal disparities in five targeted counties: Allen, Elkhart, Lake, Marion and St. Joseph.
- MCSHC Universal Newborn Hearing Screening program sponsored, along with the Outreach Services for the Deaf and Hard of Hearing, First Steps and the parent focus group, a Family Conference weekend for 30 families with newly identified children with hearing loss in July, 2004. the families stayed at the Indiana School for the Deaf (ISD) where the conference was held.
- The Indiana Childhood Lead Poisoning Prevention Program (ICLPPP) along with other partners developed the Indiana Lead Elimination Plan. The plan was submitted to the Centers for Disease Control (CDC) and was approved by CDC. Indiana’s Lead Elimination Plan is currently used by CDC as a model for other States to follow in the development of their lead elimination plans. The secondary prevention aspect of the plan includes activities that will be implemented in FY 2005 to increase screening of children.
- Birth Certificates, Newborn Screening lab data, and birth defects hospital discharge data were integrated into the ODS and a program was developed to integrate chart audit data and monitor hospital compliance with sending discharge data. The integration of various public information systems to improve the quality of birth defects surveillance continued through participation in the Data Integration Steering Committee (DISC) and integration of data through the ODS.

FY’05 Current Activities

- MCSHC is currently developing methods to interface IU lab data into the ODS.
- CSHCS is publishing Spanish brochures and pamphlets to promote outreach to Hispanic parents. Although it does not have a Spanish-speaking consultant, CSHCS uses the translation services provided through the Indiana Family Helpline when needed.
- The Medical Passport for Children with Special Health Care Needs is being updated and will be remarketed.
- Through the Genetics Implementation Grant, the Indiana Parent Information Network and Unified Training Services (UTS) have continued providing physician training in

communities by holding 10 trainings. One Medical Home Advisory meeting has been held. This continues to assist in developing the infrastructure to promote the medical home concept.

- CSHCS is updating and enhancing the telephone/communication system that is currently in place to provide additional options to parents and providers.
- ISDH provides outreach to Neonatal Intensive Care Units (NICU), maintains and provides lists of primary care physicians participating in the CSHCS program, maintains an 800 Family Help Line with V/TDD capabilities and bilingual support, promotes Single Points of Entry (SPOE) early intervention sites, utilizes local Offices of Family and Children to take CSHCS applications, dispatches a central office customer service representative on an “As needed” basis to take applications in specialty care centers, and maintains an information and application site at Riley Hospital.
- ISDH has offered a grant to Indiana University for a CSHCN transition to adult care pilot project. This three-year project will include a needs assessment to gather information from Indiana CSHCN, parents and care providers as well as a demonstration project in which a transition team will provide transitional consultation, information and referral and primary care. The transitional services may eventually be funded through ISDH CSHCS.
- All MCSHC grantees providing immunizations to more than 25 children in the 19-35 month old age group will receive an Operational Program Review this year, Clinic Assessment Software Application (CASA) and follow-up (AFIX) to determine their immunization rate of this age group.
- The State Adolescent Health Coordinator and MZD, Inc. are developing a new sexual abstinence media campaign that will target all of Indiana’s parents and teens. Focus groups and telephone surveys are currently being administered, creative development will take place in the summer and the public release will follow in the fall. The new campaign materials will include parent and teen brochures, billboards, posters, radio and television and movie theatre advertisements and an interactive website.
- Oral Health Services assists communities to become designated Dental HPSA and collaborates with local health departments and the Indiana Primary Health Care Association.
- MCSHC funds Riley Hospital for Children to adapt and implement the “Checkpoints” teen driving program developed by Bruce Simons-Morton of the National Institute of Child Health and Human Development to promote parental involvement in teen driver training.
- WIC has contracted with Best Start Social Marketing to provide three trainings on worksite breastfeeding promotion, including minority daycare centers in August 2005.
- MCSHC is co-sponsoring a Family Conference with the Indiana School for the Deaf Outreach Office and the Indiana Chapter of Hands and Voices with funds from the HRSA UNHS grant.
- MCSHC is funding new Fetal Infant Mortality Reviews (FIMR) in Marion, Lake, St. Joseph and Vanderburgh Counties.
- The Indiana Suicide Prevention Coalition website is developed an operational at www.indianasuicidepreventioncoalition.org
- Community Health Worker training is being standardized. MCSHC is working with the Indiana Minority Health Coalition to collaborate on training provision.
- Marion County Healthy Start has started a Baby First Advocacy Program with volunteers from identified high-risk neighborhoods to provide outreach and community education on

perinatal issues and facilitate early entrance into prenatal care. MCSHC, Indiana Perinatal Network (IPN) and Healthy Start will collaborate to replicate this model in other counties.

- The Indiana State Health Commissioner and the Commissioner of the Indiana Department of Environmental Management approved the Strategic Plan for Addressing Asthma. It is now available at <http://www.in.gov/isdh/programs/asthma/pdfs/IndianaAsthmaPlan.pdf>
- The Indiana Asthma Program and InJAC published the Burden of Asthma in Indiana. It is available at <http://www.in.gov/isdh/programs/asthma/index.htm>
- MCSHC is providing web-based training for providers for smoking cessation for pregnant women “Smoking Cessation for Pregnancy and Beyond – Learn Proven Strategies to Help Your Patients Quit.”
- MCSHC is promoting the 4th annual “Shower Your Baby with Love” Baby Shower in collaboration with the Office of Minority Health and high-risk counties. Baby showers have been held in Lake and Marion Counties in 2005.
- The Indiana Childhood Lead Poisoning Prevention Program (ICLPPP) is working with the Foundation Project to increase resources through foundations for financing an awareness campaign that will increase lead awareness for parents, real estate owners, contractors and the general population.
- MCSHC is developing educational packets for families of children identified with a confirmed birth defect through the Indiana Birth Defects and Problems registry (IBDPR).

Planned Activities For FY 2006

- MCSHC will outreach to midwives by providing training to increase their birth reporting and to encourage their promotion of newborn screens to clients.
- The CSHCS Participants Manual will be reviewed and updated. Every program participant will be mailed a new copy of the updated manual. CSHCS will also produce a Spanish language version of the Participants Manual.
- The integration of the newborn screening, newborn hearing screening, and sickle cell programs into the Operational Data Store will be completed by the end of 2005. This will assist in tracking primary care providers for clients in these programs.
- The Medical Passport for Children with Special Health Care Needs will be remarketed.
- ISDH will provide outreach to Neonatal Intensive Care Units (NICU), maintain and provide lists of primary care physicians participating in the CSHCS program, maintain an 800 Family Help Line with V/TDD capabilities and bilingual support, promote Single Points of Entry (SPOE) early intervention sites, use local Offices of Family and Children to take CSHCS applications, dispatch a central office customer service representative on an “as needed” basis to take applications in specialty care centers, and maintain an information and application site at Riley Hospital.
- CHSCS will work with the funded CSHCN transition clinic to develop transition assistance for clients and training for providers.
- MCSHC will ensure the Free Pregnancy Test Program agencies provide counseling/referrals to health care providers or provide abstinence or family planning information to sexually active teens with negative pregnancy tests. The Program will be offered at all funded school based health centers and MCSHC clinics.

- Oral Health Services (OHS) will provide oral health brochures for distribution to MCSHC, WIC, Head Start, Early Head Start, Baby First Packets, etc., in both English and Spanish. The Baby Bottle Tooth Decay (BBTD) brochure has recently been translated to Spanish.
- OHS will work to find resources for dental case managers in each community. The case manager will work on enrolling low-income children in Hoosier Healthwise and help parents/guardians to find a local source of dental services. These activities assure that each child will have a dental home.
- ISDH will convert the draft State Injury Prevention and Control Plan into a final document and begin implementation efforts.
- ISDH will implement a web-based Injury Prevention Resource Center, a clearinghouse for information and resources for Indiana.
- WIC will expand trainings to professionals through trainings at six to twelve hospitals on management of breastfeeding in the first 2-3 days of life.
- WIC, Indiana Perinatal Network (IPN) and the Breastfeeding Committee will initiate a statewide breastfeeding media campaign.
- MCSHC will integrate newborn hearing screening data from the revised newborn screening blood spot card into the Operational Data Store (ODS).
- MCSHC will plan for automatic notification of babies not screened, those not passing and those at risk for delayed onset of hearing loss based on data in the ODS.
- MCSHC will develop procedures to ensure that children referred from newborn hearing screening receive diagnostic audiology services before three months of age and ensure that children with hearing loss are enrolled in appropriate early intervention services by six months of age.
- MCHSC will fund Fetal Infant Mortality Reviews (FIMR) in Allen, Marion, Lake, St. Joseph and Vanderburgh Counties.
- The Community Council on Infant Health and Survival will convene subcommittees on accurate death certificate information training and education for providers on safe sleep, and plan a conference on best practices for safe sleep and other infant death prevention based on early FIMR reports.
- Indiana organizations or agencies will submit at least one application for funding to the Garrett Lee Smith grant funding offered through the Substance Abuse and Mental Health Services Administration.
- The Injury Prevention Program will publish an updated version of the Suicide in Indiana data report.
- MCHSC will review FIMR data for appropriate deliveries and transport of high-risk deliveries and neonates.
- MCSHC will extend funding for prenatal care coordination services to provide outreach, case management, referral and education to high-risk pregnant women.
- MCSHC will develop a system with the Office of Medicaid Policy and Planning (OMPP) and Managed Care Organizations (MCOs) to collect prenatal care coordination outcome data.
- MCSHC and IPN will complete the Indiana Access survey in at least one of the five targeted counties (Allen, Elkhart, Lake or St. Joseph).
- MCSHC will collaborate with OMPP and three MCOs serving Lake County to initiate a pilot program to evaluate the effect of the Medicaid managed care system on obtaining Medicaid

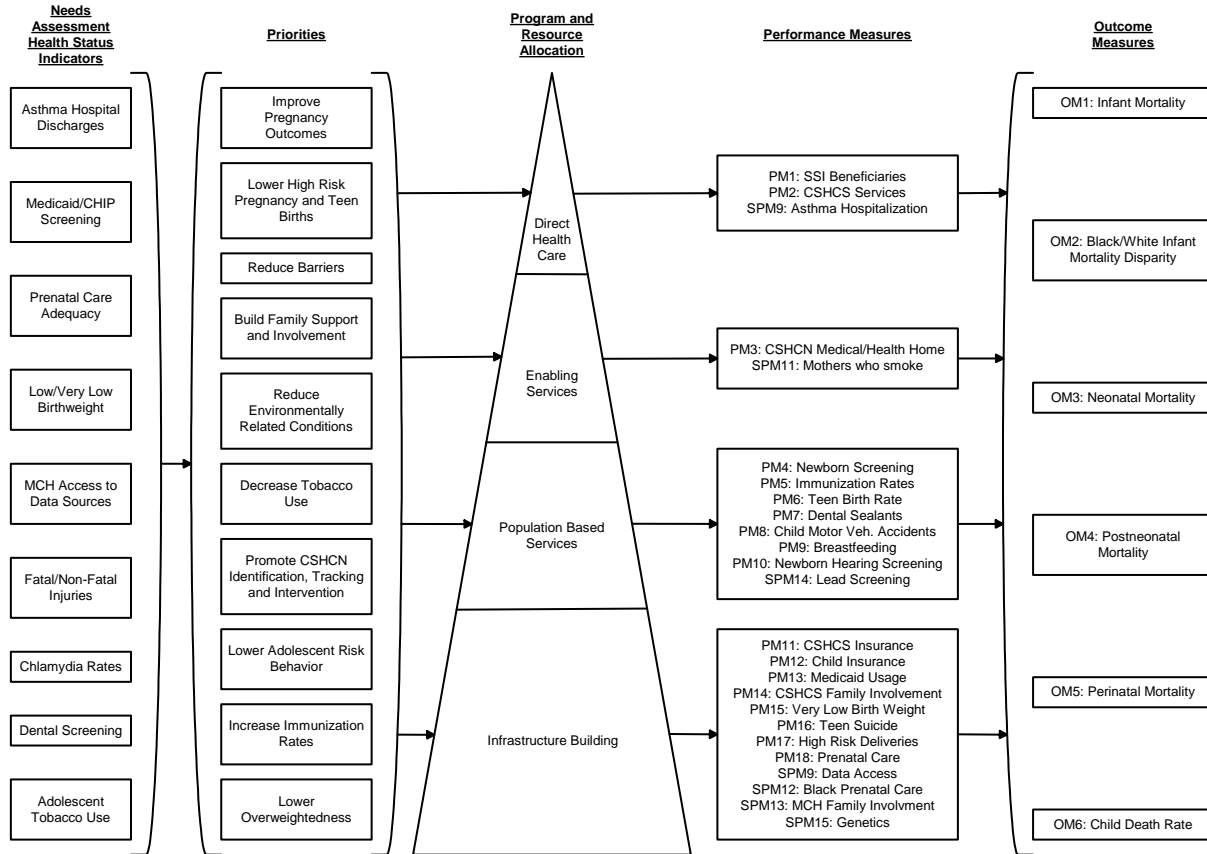
cards in a timely fashion, enrollment in MCO in first trimester, efficacy of outreach and home visiting services to identified high-risk pregnant women in the Medicaid MCO system.

- The ODS development team, coordinated by the Data Integration Steering Committee, will develop and test input and output from at least one of the following sources: newborn screening, newborn hearing screening, lead poisoning, Indiana Birth Defects and Problems Registry, Immunizations, CSHCS, and First Steps Data.
- The Environmental Quality Workgroup will review Indiana voluntary and regulatory codes and will make recommendations for change.
- The Health Care Provider Workgroup will develop an asthma best practices course for health care providers in Indiana.
- MCSHC will provide web-based training for providers for smoking cessation for pregnant women “Smoking Cessation for Pregnancy and Beyond – Learn Proven Strategies to Help Your Patients Quit”.
- The Prenatal Substance Use Prevention Program will explore further collaboration with OMPP and contracted MCOs to decrease prenatal smoking among pregnant Medicaid clients.
- MCSHC will provide technical assistance to the five-targeted counties (Allen, Elkhart, Lake, Marion and St. Joseph) to continue local focus groups and neighborhood forums to substantiate and enhance knowledge of perinatal disparity problems identified through local assessment.
- Each of the five targeted counties will receive a perinatal disparities tool kit, developed by IPN and MCSHC including perinatal outcome data, research on black perinatal disparity, conducting a local needs assessment, coalition building, working with neighborhoods, how to do educational campaigns and marketing, community development and model neighborhood programs to address African American disparity issues.
- MCSHC and the Indiana Childhood Lead Poisoning Prevention Program (ICLPPP) will develop a template for county regulations that would require the testing of rental housing built prior to 1950, and of housing where a child has been lead poisoned including the requirement to make the housing unit lead safe prior to renting.
- MCSHC and ICLPPP will study the costs to the state of having a child lead poisoned and savings to the state of preventing a child from being lead poisoned. This study will be extrapolated to determine the cost/benefit ratio to making homes lead safe. MCSHC awarded a pilot grant to Indiana Family Health Council (IFHC) to develop a Child Spacing Education Program with messages and materials that are understandable and motivational to the target population in high-risk counties. Materials will be produced in English and Spanish.
- MCSHC will work with OMPP to develop a statewide educational campaign on availability of extended family planning services to post partum women when the Medicaid Family Planning waiver is approved by the Centers for Medicare and Medicaid Services.
- MCSHC will provide technical assistance to Allen, Elkhart, Lake, Marion and St. Joseph Counties to mobilize community partnerships between policy makers, health care providers, families and the general public to form county coalitions to identify and solve perinatal disparity issues.
- County coalitions will be provided additional technical assistance to increase their knowledge of perinatal disparities and contributing factors, explore promising approaches for effective action, and use tools to create and implement year-long action plans for reducing disparities in their county.

- MCSHC will facilitate training to these county coalitions on cultural competence, social determinants in perinatal disparities, life course perspective and impact on perinatal care.
- Indiana Perinatal Network (IPN) will host the National Friendly Access conference in Indianapolis.
- MCSHC and Community Nutrition/Obesity Prevention (CNOP) will plan and implement an educational campaign to promote recognition and awareness of overweight and obesity as a major public health issue.
- MCSHC and CNOP will market a state strategic plan for community nutrition, physical activity, obesity and other related chronic diseases in high schools.
- MCSHC and CNOP will develop how-to-do models for communities, schools and families regarding healthy eating and active life style.

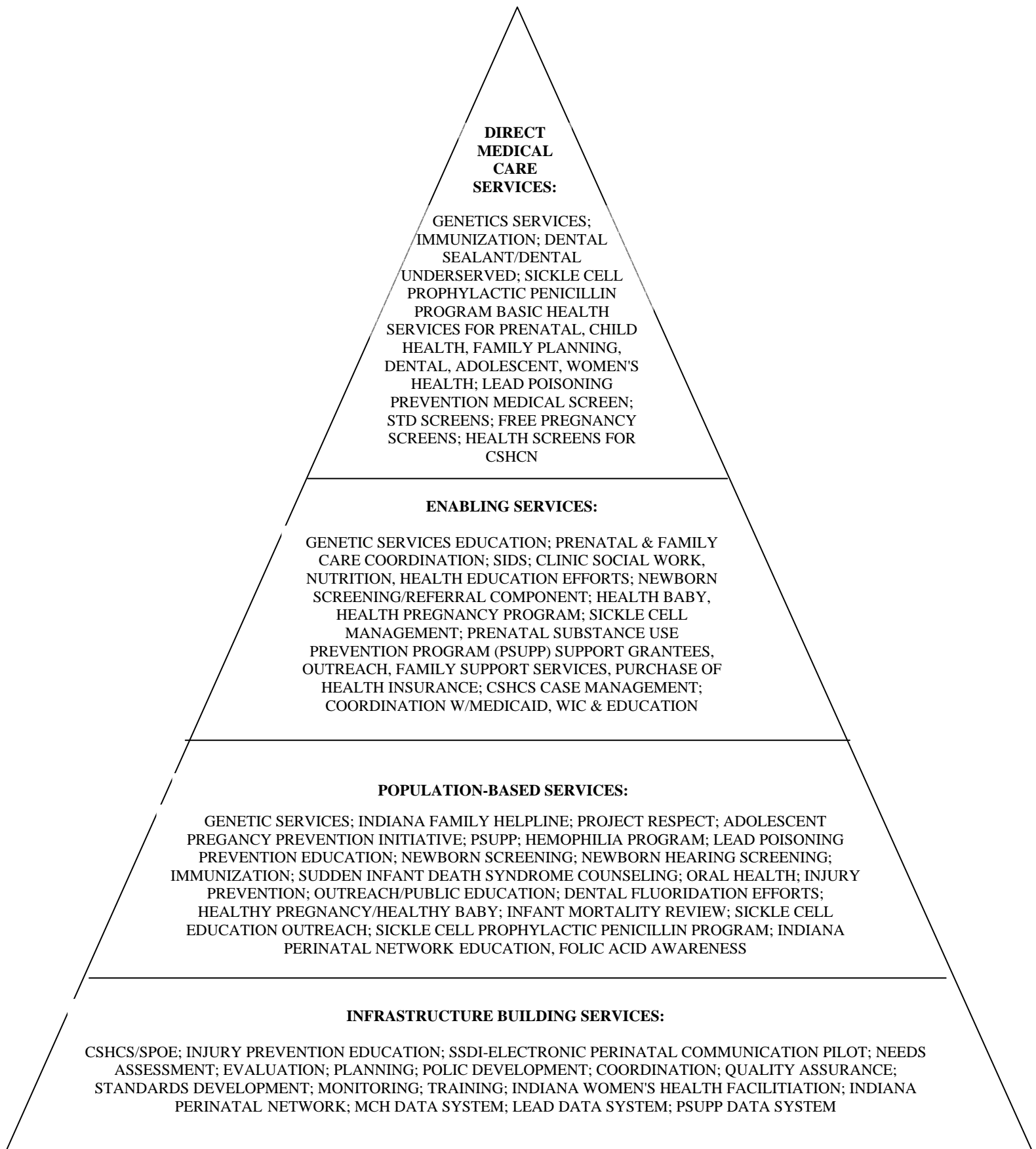
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Figure 3: TITLE V BLOCK GRANT PERFORMANCE MEASUREMENT SYSTEM



As part of this system, all services provided by MCHS are organized in pyramidal structure as shown in Figure 2.

FIGURE 2: CORE PUBLIC HEALTH SERVICES



National “Core” Performance Measures

1. The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their state.
2. The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)
3. The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.
4. The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN survey)
5. Percent of children with special health care needs age 0 to 19 whose families report the community-based service systems are organized so they can use them easily. (CSHCN survey)
6. The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)
7. Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.
8. The rate of birth (per 1,000) for teenagers aged 15 through 17 years.
9. Percent of third grade children who have received protective sealants on at least one permanent molar tooth.
10. The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.
11. Percentage of mothers who breastfeed their infants at hospital discharge.
12. Percentage of newborns who have been screened for hearing before hospital discharge.
13. Percent of children without health insurance.
14. Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.
15. Percent of very low birth weight infants among all live births.
16. The rate (per 100,000) of suicide deaths among youths aged 15 through 19.
17. Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.
18. Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

State “Negotiated” Performance Measures

Currently Tracked (No Longer Tracked After FY 2005)

9. *To establish a system of routine data access with internal and external data sources.*
10. *The rate per 10,000 for asthma hospitalizations (ICD 9 Codes: 493.0-493.9) among children less than five years old.*
11. *The percent of live births to mothers who smoke.*
12. *The percent of black women (15 through 44) with a live birth during the reporting year whose prenatal visits are adequate.*
13. *The degree to which the State assures family participation in program and policy activities in the State MCHS program.*
14. *The number of children aged 6 months through 6 years screened for lead poisoning in targeted census blocks*
15. *To facilitate the integration of genetics and build genetics capacity within other areas of public health.*

Tracked Beginning FY 2006

1. The number of data sets, including the NBS, UNHS, Lead, Indiana Birth Defects and Problems Registry, Immunizations, CSHCS, and First Step Data, that are completely integrated into the Indiana Child Health Data Set.
2. The rate per 10,000 for asthma hospitalizations (ICD 9 Codes: 493.0-493.9) among children less than five years old.
3. The percent of live births to mothers who smoke.
4. The percent of black women (15 through 44) with a live birth during the reporting year whose prenatal visits are adequate.
5. The percentage of children with blood lead levels equal to or greater than 10 Micrograms per deciliter.
6. The proportion of births occurring within 18 months of a previous birth.
7. The number of community/neighborhood partnerships established in 5 targeted counties to identify perinatal disparities so that appropriate responses can be implemented at the local level to lessen these differences.
8. The percentage of adults and high school students who are overweight and the percentage of adults and high school students who are obese.

Selected Health Status Indicators

	1997	1998	1999	2000	2001	2002	2003
The Percent of Women (15 through 44) with a live birth during the reporting year whose prenatal visits are considered adequate.	68.3 %	69.6 %	75.2 %	72.4%	74.1 %	73.5 %	72.9 %
The Percent of Live Births weighing less than 2,500 grams.	7.7%	7.9%	7.8%	7.4%	7.6%	7.3%	7.9%
The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.	11.4	13.7	10.0	11.4	11.5	9.0	9.6
The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.	17.7	19.5	18.5	21.7	23.8	23.8	23.7
The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.	3.5	4.1	4.6	5.7	7.1	7.1	7.0

Selected Performance Measures

	1997	1998	1999	2000	2001	2002	2003
Percent of Newborns in the State with at least one screening for selected genetic conditions.	99.5 %	99.6 %	99.3 %	99.9 %	99.4 %	99.6 %	99.8 %
Percent of children through age 2 who have completed immunizations.	72.0 %	77.5 %	78.9 %	79.3 %	78.5 %	78.5 %	79.3 %
The Rate of Births (per 1,000) for teenagers aged 15 through 17 years.	32.1	28.9	27.4	26.6	23.7	22.5	21.5
Percentage of mothers who breastfeed their infants at hospital discharge.	55.7 %	57.7 %	56.3 %	59.8 %	62.6 %	64.9 %	63.2 %
Percent of newborns screened for hearing impairment before hospital discharge.	33.9 %	29.3 %	56.6 %	95%	98%	99.6 %	99.8 %
Percent of children without health insurance.	11.8 %	12.5 %	11.8 %	7.8%	7.8%	7.6%	7.6%
The rate (per 100,000) of suicide deaths among youths aged 15-19.	7.3	8.1	8.1	8.7	9.0	9.1	6.6
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.	76.7 %	77.0 %	79.5 %	79.4 %	78.8 %	80.5 %	80.6 %
Percent of live births to mothers who smoke.	21.3 %	21.3 %	20.9 %	20.2 %	20.2 %	19.1 %	18.5 %
The percent of black women (15 through 44) with a live birth whose prenatal care visits were adequate.	60.7 %	61.4 %	63.5 %	60.2 %	63.2 %	61.6 %	61.6 %

Selected Outcome Measures

	1997	1998	1999	2000	2001	2002	2003
The infant mortality rate per 1,000 live births.	8.1	7.5	7.8	7.7	7.5	7.6	7.4
The ratio of the black infant mortality rate to the white infant mortality rate.	2.2	2.7	2.5	2.4	1.9	2.4	2.5
The perinatal mortality rate per 1,000 live births + fetal deaths.	9.9	9.8	6.9	7.4	7.1	11.4	10.6
The child death rate per 100,000 children aged 1-14.	27.2	26.2	27.5	25.5	21.8	22.6	19.3